

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **403095**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		1		
6		0		1		
7		0		1		
8	1	0	1			
9		1		1		
10		1		1		
11		2		2		
12		0		1		
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TOTAL IND.		1	2	1		1
TOTAL DEP.		16	16	16		16
TOTAL CLAIMS		17	18	17		17

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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